

## THE USE OF THE WORD 'PARANORMAL' IN MEDICINE

BY G. ZORAB

IN recent years a growing tendency can be observed to use the expression 'paranormal' when indicating more or less unusual healings and cures obtained by persons unqualified in medicine, such as faith-, mind- and spiritual healers, or those purporting to heal through so-called animal magnetism, certain herbs, etc. etc. In England as well as on the Continent it is becoming more and more customary to use the phrase 'paranormal healing' of such cases, even among the medical profession (1, 2).

I believe the time has come to raise and discuss the question whether the use of the term 'paranormal' in medicine, in view of its specific meaning in parapsychology, is permissible. And closely connected therewith is the question: what criterion is to be applied in order to distinguish sharply and conveniently between a 'normal' and a 'paranormal' healing?

In my opinion, we shall have to turn to parapsychology itself for an answer, and apply the same criteria in distinguishing between normal and paranormal phenomena as are unanimously accepted by psychical researchers the world over.

### I. THE PARANORMAL IN MENTAL PHENOMENA

The term 'supernormal', and its later equivalent 'paranormal', was coined to denote a phenomenon deemed impossible by the philosophers and scientists of a certain historical period (18th and 19th centuries). Running more or less parallel with these conceptions regarding the possible and the impossible in Nature was the line the theologians drew to separate natural from supernatural phenomena. (Telepathy and clairvoyance were considered incontestable proof of supernatural agency in cases of witchcraft.)

The well-known axiom *nihil est in intellectu quod non prius fuerit in sensu* (nothing can enter the mind, unless it has previously passed through sensory channels) was in fact the dividing line separating the normal from the paranormal. Sensory perception, however abnormal or extraordinarily keen it may be, remains completely and absolutely within the domain of the normal. Extrasensory perception, on the other hand, was termed 'supernormal' (Myers) or paranormal not to denote a plus or minus deviation from ordinary (average) acuteness of the visual or auditory faculties but to describe something totally and radically

different : something transcending the conceived possibilities of the conceptual framework of the natural order of things as set up by the philosophy of many centuries.

In parapsychology, no gradual transitions are tolerated between sensory (normal) and extrasensory (paranormal) perception. As conceived by parapsychology there exists an abrupt, unbridgeable chasm between the two groups of phenomena. Each group belongs, so to say, to a different category.

## II. THE PARANORMAL IN PHYSICAL PHENOMENA

In physical phenomena we find the same watertight partition between the normal and the paranormal, without permitting of gradual transitions from the one to the other. The partition allows of no osmosis.

For example, table-tilting regarded as a physical phenomenon (if the table is touched in some way or other and one or more legs remain standing on the floor) is a 'normal' procedure, even if the information spelt out by the knockings of the table shows a paranormal source (e.g. telepathy). Complete levitation of the table, or its moving about without any mechanical aid or device (telekinesis, psychokinesis) is, however, considered a typical paranormal phenomenon.

The question may be raised here whether it is correct to describe the moving about of articles in the séance-room by 'ectoplastic' rods, 'materialized hands', etc. (assuming for a moment that well-authenticated cases of this kind are on record) as a paranormal, a telekinetic movement. In such cases the propulsion of the object is brought about in conformity with the known laws of mechanics ; in quite a normal way, in fact. Strictly speaking, we should not classify such a phenomenon as telekinetic but as parapsychological.

## III. THE PARANORMAL IN PHYSIOLOGICAL PHENOMENA

In view of what has been stated above, we are, I believe, for reasons of continuity compelled to apply the same set of criteria to physiological phenomena. And it is here that we shall be able to decide in which cases it is correct to use the term 'paranormal healing'. For in healing processes and in cures it is either a case of 'normal' physiology or of 'paranormal' physiology. And only in the latter case is it permissible to use the term 'paranormal healing'. It can surely not be maintained that qualified practitioners bring about only 'normal' cures, and that only unqualified ones are privileged to induce paranormal healings.

Now, what may be considered the distinguishing features of a paranormal healing? As normal may be considered all those

processes (however wonderful and inexplicable they may seem) whereby, for instance, an auto- or hetero-suggestion is realized through the conducting faculties of the nervous system. An example is the raising of a blister under hypnosis when it is suggested that the subject will be touched by a red-hot iron whose temperature is in reality only, say, 70° F.

Religious stigmatization, the cure of warts by suggestion, etc. etc. belong to the same type of phenomena.

This whole extensive field of psychosomatics is, by general consent, classified as 'normal'.

But if in the above-mentioned hypnotic experiment the hypnotist were to suggest to his patient that he was going to touch his bare leg with a cold piece of metal but instead used a red-hot iron, and if the patient showed no sign of being burnt, then, I think, we have come face to face with a parapsychological fact: just as parapsychological as the fire tests reported of D. D. Home and of various peoples in different parts of the globe.

In Holland some psychiatrists (e.g. Dr B. Stokvis) hold the opinion that if organic changes are brought about, either of a trophic or atrophic nature, in parts of the organism under the control of the nervous system, this should be considered as coming well within the domain of the normal. Such changes, however, outside that control should come under the heading of paranormal.

According to this point of view stigmatization appearing on completely paralyzed limbs is to be regarded as a case of parapsychology, and stigmata showing themselves on sound hands and feet, for instance, as a case of normal physiology. In the same way the raising of blisters, burns, etc. purely by hypnotic suggestion on a completely paralyzed limb would, if we applied the above criterion, be considered a paranormal event; and normal if the limb so treated was in a healthy condition. If there are really trustworthy cases of so-called *imaginatio maternalis* (i.e. emotional mental images of the mother impressed on the skin, etc. of the foetus), these too could be considered as effected parapsychologically, as the maternal nervous system has no control over the foetus.

I am not sure whether the line drawn here between the normal and the paranormal in physiology is basically sound. Still, to start with we could use it as a working hypothesis. Applying this criterion to the recent cure by hypnosis of a serious case of Ichthyosiform Erythrodermia (2), it is clear that this was a cure of the purely normal kind without any paranormal indications. But if this cure had been brought about by an unqualified healer (there

is a great deal of suggestion therapeutics in their methods!) it would have been blown up to the skies as the greatest paranormal cure of the century.

In a tentative way I would like to propose that only if the following conditions are fulfilled can we accept the paranormality of the cure or healing.

1. Healing or cure of defects, etc. of limbs, etc. the innervation of which is completely interrupted.

2. The restoration of a complete new limb, for instance, after an amputation. (Somewhat like a lizard growing a new tail after the old one had been broken off. Reptilian psychical researchers, however, would certainly not regard such cures as paranormal!)

3. All those cures and healings where clear indications exist of sudden and permanent materializations and dematerializations of organic matter, tissues, etc., as some physical mediums are alleged to have produced.

Surveying the case-material in hand, and applying the above criteria, I am inclined to believe that so far we have not yet come across a really well-authenticated case of paranormal healing. Why, then, allow this expression to be used, either by medical men or by parapsychologists?

Finally, I would like to remark that I am not in agreement with those who are inclined to define the paranormal as events still inexplicable to science. A large number of 'normal' biological occurrences (sensory perception, for instance) are still unexplained by modern science. Hypnosis, too, though deeply studied by the pioneers of Psychical Research, while science kept severely aloof from it, was never considered super- or paranormal. From the very beginning it was regarded as a 'normal' business.

The use of the word paranormal for all sorts of unusual and seemingly mysterious occurrences is getting very much the fashion these days. I think it would be wise to sharply define its meaning and bring the term back to where it always was at home, in parapsychology.

#### REFERENCES

- (1) Les rencontres de St Paul de Vence : Les guérisons 'paranormales'. *Revue Métapsychique*, Sept.-Dec. 1954, 24-67.
- (2) Mason, A. A. A case of Congenital Ichthyosiform Erythrodermia of Brocq treated by Hypnosis. *Brit. Medical Journal*, No. 4781, 23 Aug. 1952, 422-3. (A summary of the case can be found in *Journ. S.P.R.*, 36, 1951-52, 716-18.)
- (3) Rose, L. Some Aspects of Paranormal Healing. *Journ. S.P.R.*, 38, 1955, 105-21.

## THE SHACKLETON REPORT : AN ERROR DISCOVERED

[As will be seen below, an error in three of the scoring sheets of the Soal-Goldney experiments with Basil Shackleton has come to light. This error, and the circumstances in which it was discovered, is described in two letters from Dr Soal, the first to Dr G. R. Price (whose article 'Science and the Supernatural' was summarised in our last issue) and the second to the Editor of this Journal. They are followed by some comments by Dr D. J. West, who made the discovery.—ED.]

*To Dr G. R. Price, The Medical School, University of Minnesota*

Dear Dr Price,—The Secretary of the Society for Psychical Research will be shortly sending you the photostat copies of the Shackleton scoring sheets you asked for : i.e., sheets 5, 6 and 7 of Sitting No. 16 on 23 May 1941.

These photostats have been made from the duplicate scoring sheets made immediately after each sitting and posted to Professor C. D. Broad at Trinity College, Cambridge, who later on deposited them at the rooms of the S.P.R.

Unfortunately, early in 1945 during the war the originals were all lost at Cambridge railway station. As stated on pp. 86–7 of the Report, however, independent witnesses had checked all the originals, duplicates and typed lists of totals against each other.

On getting out these sheets to have the photostats made, a curious error has come to light. I have immediately prepared a letter on this for inclusion in the next issue of the S.P.R. *Journal* (March 1956) and I attach a copy. It explains the matter so I will not repeat it here.

The Editor asks me to say that he will be grateful if no public reference is made to this matter until the March issue of the *Journal* has been published. He will send you a copy of it by air mail.

Yours sincerely,  
S. G. SOAL

London, S.W. 12.  
20 January 1956.

*To the Editor of the Journal*

SIR,—I am greatly indebted to Dr D. J. West for pointing out to me a curious error on pp. 60–61 of the Basil Shackleton report